

<b>Mobility Fund</b> <b>Phase 1 - §54.1009 Annual Reporting</b> <b>Data Collection Form</b>	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<b>&lt;010&gt; Study Area Code</b>	618002
<b>&lt;015&gt; Study Area Name</b>	GCI Communication Corp.
<b>&lt;020&gt; Program Year</b>	2014
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Emily Thatcher
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	9078685643 ext.
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	ethatcher@gci.com

(check box when complete)

<b>&lt;040&gt; Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>	<input checked="" type="radio"/> <input type="radio"/>	
<b>&lt;041&gt; Attach a description of the documents filed with the Form 481 reporting</b>	<b>&lt;041&gt;</b>	Form481GCICommunicationCorp619014.pdf
<b>&lt;042&gt; Cite the Study Area Code (SAC) for the Form 481 reporting</b>	<b>&lt;042&gt;</b>	619014
<b>&lt;043&gt; Cite the date of the Form 481 reporting</b>	<b>&lt;043&gt;</b>	07/01/2014
<b>&lt;050&gt; <u>Carrier Contact Information</u></b> <small>(has the contact info. changed since prior filing? Yes or No)</small>	<input type="radio"/> <input checked="" type="radio"/>	
<small>(if yes, complete the attached worksheet)</small>	<b>&lt;050&gt;</b>	<input type="checkbox"/>
<b>&lt;060&gt; <u>Coverage and Performance Report</u></b> <small>(complete attached worksheet)</small>	<b>&lt;060&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;070&gt; <u>Urban Rate Comparability Certification</u></b> <small>(complete attached certification)</small>	<b>&lt;070&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;080&gt; <u>Tribal Lands Reporting (y/n?)</u></b> <small>(Does this study area cover tribal lands? Yes or No)</small>	<input checked="" type="radio"/> <input type="radio"/>	
<small>(if yes, complete the attached worksheet)</small>	<b>&lt;080&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;090&gt; <u>Project Update Information</u></b> <small>(complete attached worksheet)</small>	<b>&lt;090&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;100&gt; <u>Certifications</u></b>		
<b>&lt;101&gt; Reporting Carrier Certification</b> <small>(complete attached certification)</small>	<b>&lt;101&gt;</b>	<input checked="" type="checkbox"/>
<b>&lt;102&gt; Agent Certification</b> <small>(complete attached certification)</small>	<b>&lt;102&gt;</b>	<input type="checkbox"/>

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	618002
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110> FCC Registration Number \_\_\_\_\_

<111> Filing Carrier Name \_\_\_\_\_

<112> Winning Bidder Carrier Name \_\_\_\_\_

<113> Street Address (or PO Box) \_\_\_\_\_

<114> City \_\_\_\_\_

<115> State \_\_\_\_\_

<116> Zip-Code \_\_\_\_\_

<117> Telephone Number \_\_\_\_\_

<118> Fax Number \_\_\_\_\_

<119> Email Address \_\_\_\_\_

**Contact Information**

if same as above, indicate in this box

☐

<120> Name (First, MI, Last, Suffix) \_\_\_\_\_

<121> Filing Carrier Name \_\_\_\_\_

<122> Street Address (or PO Box) \_\_\_\_\_

<123> City \_\_\_\_\_

<124> State \_\_\_\_\_

<125> Zip-Code \_\_\_\_\_

<126> Telephone Number \_\_\_\_\_

<127> Fax Number \_\_\_\_\_

<128> Email Address \_\_\_\_\_

**Authorized Agent Information**

if no agent, indicate in this box

☐

<120> Name (First, MI, Last, Suffix) \_\_\_\_\_

<121> Company \_\_\_\_\_

<122> Street Address (or PO Box) \_\_\_\_\_

<123> City \_\_\_\_\_

<124> State \_\_\_\_\_

<125> Zip-Code \_\_\_\_\_

<126> Telephone Number \_\_\_\_\_

<127> Fax Number \_\_\_\_\_

<128> Email Address \_\_\_\_\_

**(060) Coverage and Performance Report**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 3 of 8

<010>	Study Area Code	618002
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	12/2013 - 12/2013

Electronic Shapefiles attachments

618002\_CPRd\_AK.zip

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
				--	See attached worksheet							
				--								

Percentage of Total  
Population Reached by  
ServicePercentage of Total  
Road Miles covered  
by Service

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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	GCI Communication Corp.
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 07/31/2014</span>
Printed name of Authorized Officer:	Lynda Tarbath
Title or position of Authorized Officer:	VP & Chief Accounting Officer
Telephone number of Authorized Officer:	9078685638 ext.
Study Area Code of Reporting Carrier:	618002 <span style="float: right;">Filing Due Date for this form: 07/31/2014</span>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010>	Study Area Code	618002
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

<142> State AK

Bethel

<143> County \_\_\_\_\_

Alaska

<144> Tribal Land(s) on which ETC Serves \_\_\_\_\_

618002\_TLRa5\_AK.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

<010>	Study Area Code	618002
<015>	Study Area Name	GCI Communication Corp.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

<200>	Date Authorized to Receive Support	12/23/2013
<201>	Targeted Completion Date	12/24/2015
<202>	Total Mobility Fund Support Awarded	6716.5
<203>	Total Mobility Fund Support Disbursed	2238.83
<204>	Support Applied to Network Design	
<205>	Support Applied to Construction	2238.83
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	618002_PSD_AK.pdf <i>{Name of PDF attached}</i>

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input type="checkbox"/>
<216>	Project Budget Status	<input type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<010>	Study Area Code	618002
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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:****Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: GCI Communication Corp.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 07/31/2014

Printed name of Authorized Officer: Lynda Tarbath

Title or position of Authorized Officer: VP & Chief Accounting Officer

Telephone number of Authorized Officer: 9078685638 ext.

Study Area Code of Reporting Carrier: 618002

Filing Due Date for this form: 07/31/2014

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<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010>	Study Area Code	618002
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	12/2013 - 12/2013

[illegible]

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GCI Communication Corp.

SACs: 618001 through 618218

Form 690, line 145 - Tribal Government Engagement Obligation:

GCI Communication Corp. filed Form 481 on July 1, 2014, for SAC 619014.

The Form 481 filing for SAC 619014 included the certifications and showings required in CFR 47§54.1004 for all 218 SACs assigned to GCI Communication Corp. in connection with the Mobility Fund 1 awards.

**GCI Communication Corp.**  
**SACs 618001 through 618218**  
**Form 690 (060) Coverage and Performance Report**

There are no newly covered 3G areas to report for this period.

(Dec 2013 – Dec 2013)

(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	619014
<015>	Study Area Name	GCI COMMUNICATION CORP.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Adam Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	202559977 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ataylor@gci.com

<910>	Tribal Land(s) on which ETC Serves	This list will be attached to the Engagement Obligation pdf as it exceeds the 1000 character limit.
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<920>	Tribal Government Engagement Obligation	2014 Tribal Engagement Form 481 narrative & Tribal contact list.pdf, Tribal engagement exhibit for upload.pdf, Rural Travel and Statewide Community Events Calendar_2013_v3.pdf
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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning.	Yes
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	Yes
<925>	Compliance with Land Use permitting requirements	Yes
<926>	Compliance with Facilities Siting rules	Yes
<927>	Compliance with Environmental Review processes	Yes
<928>	Compliance with Cultural Preservation review processes	Yes
<929>	Compliance with Tribal Business and Licensing requirements.	Yes

**GCI Mobility Phase I**  
**Project Description Update**  
**SACs 618001 through 618218**

The project description submitted with GCI's long form application has few changes. The original description is still substantially accurate in regard to network design, technology, spectrum, budget, construction and deployment plans, services and coverage. The service turn-up dates for the four project groups in Bethel were moved from December 2013 to April 30, 2014. The drive tests for these are now scheduled for August 2014. Equipment including radios and antennas has been purchased for all locations; construction activity for the other nine villages is in progress and is expected to complete by the end of the 2014 construction season as described in the original project description schedule.